

## BOOK REIMBURSEMENT REQUEST Please send completed form to: GET Correspondence, P.O. Box 43450, Olympia, WA 98504-3450

Student Name		
Social Security Number		
GET Account Number		
\$ Total Amount Requested		

PLEASE ATTACH ORIGINAL RECEIPTS FROM A CAMPUS BOOKSTORE. NO REIMBURSEMENT WILL BE ALLOWED WITHOUT THE RECEIPT.

REIMBURSEMENT WILL BE MADE TO THE PURCHASER AND MAILED TO THE PURCHASER'S ADDRESS